

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC-21 043 807

ST 28274

-62-024898

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUL 6 1962

1003

6423

VS 300
Rev. 4/59

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28120.7

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USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN 915 N. Grand, St. Louis, Mo.Length of stay in 1b
65 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VET. ADM. HOSPITALInside Limits
Yes ☒ No ☐c. CITY
OR
TOWN AltonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
112 Henry St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
JOSEPH

Middle

Last

LOYD

4. DATE
OF
DEATH

Month

June

Day

27

Year

1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
7/16/109. AGE (last birthday)
51IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Equality, Illinois12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Thomas Loyd

13b. MOTHER'S MAIDEN NAME

Ethel Grier

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW-216. SOCIAL SECURITY NO.
717. INFORMANT
Address 848 Washington,
Mary Hardwick (Sister) Alton, Illinois18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Embolism, bilateral, massive

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

450.0H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Rhabdomyosarcoma in left arm.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
s.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/23/62 to 6/27/62 and last saw him alive on 6/27/62
Death occurred at 9:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

SMITH, MYRTLE JAMES M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

6/28/62

23a. BURIAL, CREMATION, OR
REMOVAL (Specify)

6/28/1962

23b. DATE
Lloyd Cem.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Gallatin County Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Smith Funeral Home, Alton, Illinois

25. DATE RECD. BY LOCAL REG.

June 28, 1962

26. REGISTRAR'S SIGNATURE

Kad Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. L. Coffman

Licensed Embalmer No. 9683

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.